Board of Supervisors

Richard R. Searle Chairman District 3

Patrick G. Call Vice-Chairman District 1

Ann English Supervisor District 2



Michael J. Ortega County Administrator

James E. Vlahovich Deputy County Administrator

> Katie A. Howard Clerk

AGENDA FOR REGULAR BOARD MEETING Tuesday, November 27, 2012 at 10:00 AM

BOARD OF SUPERVISORS HEARING ROOM 1415 MELODY LANE, BUILDING G, BISBEE, AZ 85603

ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION

PLEDGE OF ALLEGIANCE

THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING

ROLL CALL

Members of the Cochise County Board of Supervisors will attend either in person or by telephone, video or internet conferencing.

Note that some attachments may be updated after the agenda is published. This means that some presentation materials displayed at the Board meeting may differ slightly from the attached version.

CALL TO THE PUBLIC

This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.

PRESENTATION

Presentation of Certificates to Ana Maria Flannigan, Lee Itule, Jesus Duarte, Beth Anderson, Beverly Eskue, and Suzanne Hagle from the Health Department for their outstanding efforts in making the Tobacco & Chronic Disease Prevention Program the head of the pack in the State of Arizona.

CONSENT

Board of Supervisors

- 1. Approve the Minutes of the regular meeting of the Board of Supervisors of November 13, 2012.
- 2. Approve the Annual Joint Funding Agreement (JFA No. 2) with United States Geological Survey (USGS) in the amount of \$56,900 for the period of October 1, 2012 to September 30, 2013 to conduct hydrological investigations and data collection.

Community Development

- 3. Approve the reappointment of Mr. Jim Lynch, Ms. Pat Edie, and Mr. Gary Brauchla to the Planning and Zoning Commission for a four year term ending December 31, 2016.
- 4. Approve the reappointment of Mr. Ed Cottingham to the Board of Adjustment District 1, Albert Young to the Board of Adjustment District 2, and Mr. Paul Brick to the Board of Adjustment District 3 for a four year term ending December 31, 2016.

Facilities

5. Approve soil removal access agreement for selected sites as identified by the Freeport-McMoran Corporation, Bisbee Soil Program.

Finance

6. Approve demands and budget amendments for operating transfers.

PUBLIC HEARINGS

Board of Supervisors

7. Approve a new liquor license application for a series #7 and #12 (beer & wine bar and restaurant) liquor license submitted by Mr. Daniel A. Wood for Shadow Mountain Golf Course/Country Club located at 1105 Irene Street in Pearce, 85625.

ACTION

Health and Social Services

- 8. Approve Grant Number 20132162, Unwasted Weekend Project, between the Cochise Community Foundation and Cochise County Health and Social Services in the amount of \$1,500 for the period of 10/01/2012 to 9/30/2013.
- 9. Adopt Resolution No. 12-78 to establish a schedule of fees for STD Testing Services provided by Cochise Health & Social Services for testing, education, screening and treatment of clients for sexually transmitted diseases, effective on and after January 1, 2013.

REPORT BY MICHAEL J. ORTEGA, COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS

SUMMARY OF CURRENT EVENTS

Report by District 1 Supervisor, Patrick Call

Report by District 2 Supervisor, Ann English

Report by District 3 Supervisor, Richard Searle

Pursuant to the Americans with Disabilities Act (ADA), Cochise County does not, by reason of a disability, exclude from participation in or deny benefits or services, programs or activities or discriminate against any qualified person with a disability. Inquiries regarding compliance with ADA provisions, accessibility or accommodations can be directed to Chris Mullinax, Safety/Loss Control Analyst at (520) 432-9720, FAX (520) 432-9716, TDD (520) 432-8360, 1415 Melody Lane, Building F, Bisbee, Arizona 85603.

Cochise County - 1415 Melody Lane, Building G - Bisbee, Arizona 85603 (520) 432-9200 - Fax (520) 432-5016 - Email: board@cochise.az.gov www.cochise.az.gov

"PUBLIC PROGRAMS, PERSONAL SERVICE"

Presentations / Special Events Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

MVP Awards

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation Recommendation:

Document Signatures: # of ORIGINALS

Submitted for Signature:

NAME Mary Gomez TITLE

of PRESENTER: of PRESENTER:

Department Director

Health

Mandated Function?: Source of Mandate or Basis for Support?:

Information

Agenda Item Text:

Presentation of Certificates to Ana Maria Flannigan, Lee Itule, Jesus Duarte, Beth Anderson, Beverly Eskue, and Suzanne Hagle from the Health Department for their outstanding efforts in making the Tobacco & Chronic Disease Prevention Program the head of the pack in the State of Arizona.

Background:

Employees recognized by the state for their dedication to local health programs.

Department's Next Steps (if approved):

n/a

Impact of NOT Approving/Alternatives:

n/a

To BOS Staff: Document Disposition/Follow-Up:

n/a

Consent 1. Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

Minutes

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation Recommendation:

Document Signatures: # of ORIGINALS

Submitted for Signature:

NAME n/a TITLE n/a

of PRESENTER:

Mandated Function?:

Source of Mandate
or Basis for Support?:

Information

Agenda Item Text:

Approve the Minutes of the regular meeting of the Board of Supervisors of November 13, 2012.

Background:

Minutes

Department's Next Steps (if approved):

Signed minutes routed for processing and posted on the internet.

Impact of NOT Approving/Alternatives:

n/a

To BOS Staff: Document Disposition/Follow-Up:

Send to the Recorder's Office for microfiche purposes.

Attachments

<u>11.13.12</u>

Consent 2.

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

Annual Joint Funding Agreement (JFA No. 2) with United States Geological Survey (USGS)

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation Recommendation:

Document Signatures: # of ORIGINALS

Submitted for Signature:

NAME NA TITLE NA

of PRESENTER:

Mandated Function?:

Source of Mandate
or Basis for Support?:

Information

Agenda Item Text:

Approve the Annual Joint Funding Agreement (JFA No. 2) with United States Geological Survey (USGS) in the amount of \$56,900 for the period of October 1, 2012 to September 30, 2013 to conduct hydrological investigations and data collection.

Background:

This request is to help fund an annual program that the County has supported financially for a number of years. The request is for \$56,900. These funds help support the work of USGS personnel in the hydrological monitoring in the Sierra Vista Subwatershed of the Upper San Pedro Basin.

Department's Next Steps (if approved):

Route agreements as requested.

Impact of NOT Approving/Alternatives:

Important work for hydrological monitoring in the Sierra Vista Subwatershed will not be accomplished.

To BOS Staff: Document Disposition/Follow-Up:

After approval, three original agreements to be signed and returned to USGS for full execution. Request that one fully executed original be returned to BOS for recording purposes

Attachments

Agreement

Form 9-1366 (Oct. 2005)

U.S. Department of the Interior U.S. Geological Survey Joint Funding Agreement

Customer #:

Agreement #:

6000000801/AZ042

Page 1 of 2

13WSAZ02400

Project #: TIN #:

Fixed Cost

ZF009GO

86-6000398

✓ Yes No

Agreement FOR WATER RESOURCES INVESTIGATIONS

THIS AGREEMENT is entered into as of the 14th day of November, 2012, by the U.S. GEOLOGICAL SURVEY, UNITED STATES DEPARTMENT OF THE INTERIOR, party of the first part, and the COCHISE COUNTY BOARD OF SUPERVISORS, party of the second part.

- 1. The parties hereto agree that subject to availability of appropriations and in accordance with their respective authorities there shall be maintained in cooperation a program of hydrologic investigations and data collection as described in the attached scope of work, herein called the program. The USGS legal authority is 43 USC 36C; 43 USC 50; and 43 USC 50b.
- 2. The following amounts shall be contributed to cover all of the cost of the necessary field and analytical work directly related to this program. 2(b) includes In-Kind Services in the amount of \$0.

by the party of the first part during the period

(a) \$30,500.00

October 1, 2012

to

September 30, 2013

by the party of the second part during the period

(b) \$56,900.00

October 1, 2012

to

September 30, 2013

- (c) Additional or reduced amounts by each party during the above period or succeeding periods as may be determined by mutual agreement and set forth in an exchange of letters between the parties.
- (d) The performance period may be changed by mutual agreement and set forth in an exchange of letters between the parties.
- 3. The costs of this program may be paid by either party in conformity with the laws and regulations respectively governing each party.

4. The field and analytical work pertaining to this program shall be under the direction of or subject to periodic review by an authorized representative of the party of the first part.

5. The areas to be included in the program shall be determined by mutual agreement between the parties hereto or their authorized representatives. The methods employed in the field and office shall be those adopted by the party of the first part to insure the required standards of accuracy subject to modification by mutual agreement.

6. During the course of this program, all field and analytical work of either party pertaining to this program shall be open to the inspection of the other party, and if the work is not being carried on in a mutually satisfactory manner, either party may terminate this agreement upon 60 days written notice to the other

7. The original records resulting from this program will be deposited in the office of origin of those records. Upon request, copies of the original records will be provided to the office of the other party.

Form 9-1366 continued

U.S. Department of the Interior U.S. Geological Survey Joint Funding Agreement

Customer #: Agreement #:

6000000801/AZ042 13WSAZ02400

Project #:

TIN #:

ZF009GO 86-6000398

8. The maps, records, or reports resulting from this program shall be made available to the public as promptly as possible. The maps, records, or reports normally will be published by the party of the first part. However, the party of the second part reserves the right to publish the results of this program and, if already published by the party of the first part shall, upon request, be furnished by the party of the first part, at costs, impressions suitable for purposes of reproduction similar to that for which the original copy was prepared. The maps, records, or reports published by either party shall contain a statement of the cooperative relations between the parties.

9. USGS will issue billings utilizing Department of the Interior Bill for Collection (form DI-1040). Billing documents are to be rendered quarterly. Payments of bills are due within 60 days after the billing date. If not paid by the due date, interest will be charged at the current Treasury rate for each 30 day period, or portion thereof, that the payment is delayed beyond the due date. (31 USC 3717; Comptroller General File

B-212222, August 23, 1983).

U.S. Geological Survey **United States** Department of the Interior **Cochise County Board of Supervisors**

USGS	Point	of	Con	tact
------	--------------	----	-----	------

N	al	m	e	:

John P. Hoffmann

520 N. Park Ave., #221

Tucson, AZ 85719

Telephone: 520-670-6671 x222

Email:

jphoffma@usgs.gov

Customer Point of Contact

Name:

Katie A. Howard

Address:

1415 W. Melody Lane, Bldg. G

Bisbee, AZ 85603

Telephone:

520-432-9200

Email:

board@cochise.az.gov

Cianaturas

Signatures 10

Olyi	Idlui	63

By John P Hoffmann Title: Director	_ Date_//-/-/-	By Name: Title:	Date
By Name: Title:	Date	By Name: Title:	Date
By Name: Title:	_ Date	ByName: Title:	Date

Scope of Work

Agreement 13WSAZ02400, between USGS and Cochise County

For Federal fiscal year 2013 the funds from this agreement will cover ongoing hydrologic monitoring in the Sierra Vista Subwatershed of the Upper San Pedro Basin. This work has specific bearing on monitoring the hydrologic system with respect to attaining a sustainable yield of ground-water withdrawals in accordance with the goals of the Upper San Pedro Partnership (http://www.usppartnership.com/press_mission.htm). In addition, the information obtained through this basic monitoring is critical to verifying the predictive performance of groundwater modeling of the Sierra Vista Subwatershed. The specifics of the work are listed below.

- 1. Operation of the Lewis Springs study site. The Lewis Springs site, located just north of where Arizona Route 90 crosses the San Pedro River, has been operating about 18 years. This site has provided some of the most complete information available on the San Pedro River regarding interactions between the regional aquifer system and the perennial San Pedro River reaches. The long period of continuous record at this site makes it particularly valuable for detecting changes in effects of regional-aquifer pumping on the river. Instrumentation at the site includes 6 piezometers at three locations along a line extending perpendicularly away from the river. Two locations have nested piezometers that measure vertical hydraulic gradients from the regional to the stream-alluvium aquifer. The site also records stream stage so the hydraulic gradient to the river may be calculated. To visit the web page for this site navigate to: http://az.water.usgs.gov/projects/9671-9GO/
- 2. Operation of tributary stream-gaging stations. Mountain-front, low-flow stream-gaging stations provide information about the amount of mountain-front recharge that is taking place in the Subwatershed. Flows result from both snow melt in the winter and spring, and from storm runoff during the summer months. Low-flow stream gaging also provides a means of assessing long-term climate change effects on the Subwatershed, if any. Major tributary stream-gaging stations help quantify the tributary contribution to San Pedro River surface flow.
 - a) The Banning Creek stream-gaging station is located about a mile up Banning Creek toward Bisbee from the intersection of U.S. Routes 80 and 90, and is the only gaging station on the east side of the Subwatershed upstream of Walnut Gulch. Banning Creek is one of the larger watersheds in the Mule Mountains. The Banning Creek discharge record is over 11 years old, beginning in February of 2001. To visit the web page for this station navigate to: http://waterdata.usgs.gov/az/nwis/uv/?site_no=09470700&PARAmeter_cd=00065,00060
 - b) The Ramsey Canyon stream-gaging station is located in the Huachuca Mountains at the top of Ramsey Canyon Road, adjacent to The Nature Conservancy's Ramsey Canyon preserve headquarters building. Ramsey Canyon is one of a series of significant watersheds that drain the higher elevations of the Huachucas Mountains and is the southernmost gaging station on the west side of the Subwatershed. The Ramsey Canyon discharge record is over 12 years old, beginning in May of 2000. To visit the web page for this station navigate to: http://waterdata.usgs.gov/az/nwis/uv/?site_no=09470750&PARAmeter_cd=00065,00060

- c) The Upper Babocomari stream-gaging station is located on the Babacomari Ranch about 4 miles west of Arizona Route 90. The Babocomari River is perennial in stretches and is the primary tributary stream in the Upper San Pedro basin. The Babocomari is essentially perennial at the Upper Babocomari gaging station. In combination with the Lower Babocomari gaging station (funded by other USGS partners), these gaging station data help to quantify the contribution from the Babocomari River to the surface flow of the San Pedro River as well as to increase understanding of the groundwater surface water interactions along the intervening reach of the Babocomari River. The Upper Babocomari discharge record is over 12 years old, beginning in July of 2000. To visit the web page for this station navigate to: http://waterdata.usgs.gov/az/nwis/uv/?site_no=09471380&PARAmeter_cd=00065,00060
- 3. Collection of stream samples and analysis of stable isotopes of water. The stable isotopes of water provide a sensitive indicator of water sources in a stream. Some of the funds in this agreement will be used to fund an ongoing program to collect and analyze these isotopes at several locations. The collection locations along the San Pedro River are: Palominas, Hereford, Lewis Springs, Charleston, and Tombstone. Samples are also collected from the Babocomari River at the Lower Babocomari gaging station near Tombstone, AZ (station number 09471400). Samples are collected monthly, and the procedure includes measurements of electrical conductivity and stream discharge. Collectively, these data provide valuable information regarding the interactions between the regional-aquifer system and the flow in the San Pedro River. In addition, the isotopes are used to look for changes in the relative sources of water to the stream as would occur if regional ground-water pumping captures water that would otherwise have supported base flow.
- 4. <u>Spring discharge measurements.</u> Groundwater discharges from the subsurface not only through the river streambed, but also through various springs adjacent to the river along its length. Discharge is to be measured quarterly at five springs, three along the west side of the river (Horsethief, Murray, and Moson Springs) and two on the east side of the river (Lewis Spring, McDowell-Craig Farm flowing well).
- 5. Data management. In addition to the activities outlined above, the USGS is engaged in other hydrologic monitoring activities including aquifer storage monitoring [includes both water level monitoring in wells throughout the Sierra Vista Subwatershed (continuous automated transducer measurements and manual quarterly measurements) and microgravity measurements taken at stations distributed across the Subwatershed], vertical gradients monitored in paired deep and shallow piezometers near to the river and used to establish gaining and losing reaches of the river, horizontal gradients monitored via cross-river piezometer transects, and additional tributary and main stem stream-gaging. All of these data need to be compiled, quality assured and controlled, and entered into the USGS national data base in a timely fashion.

Budget for federal FY 2013
Agreement 13WSAZ02400, between USGS and Cochise County

Task	Cost item	Cost (in dollars)
Operation of Lewis Springs monitoring site	Data collection/site operation	14,100
Operation of Banning Creek stream gaging station	Data collection/site operation	14,100
Operation of Upper Babo. stream gaging station	Data collection/site operation	14,100
Operation of Ramsey Canyon stream gaging station	Data collection/site operation	14,100
Collection of stream somethis	Labor	5,700
Collection of stream samples and analyses of stable isotopes	Lab analyses	8,700
of water	Equipment	700
of water	Shipping	700
Spring discharge measurements	Data collection, 5 springs	5,200
Data management	All project data management/entry	10,000
	Total of project cost items	87,400
	E P HOOG	20.500
	Funding source – USGS	30,500
_	Funding source – Cochise County	56,900
	Total project funding	87,400

Consent 3.

Regular Board of Supervisors Meeting

Community Development

Meeting Date: 11/27/2012

Reappoint Jim Lynch, Pat Edie, & Gary Bruchla to the Planning and Zoning Commission

Submitted By: Peter Gardner, Community

Development

Department: Community Development **Division:** Planning & Zoning

Presentation: No A/V Presentation Recommendation: Approve

Document Signatures: BOS Signature Required # of ORIGINALS 0

Submitted for Signature:

NAME N/A TITLE N/A

of PRESENTER: of PRESENTER:

Docket Number (If applicable):

Mandated Function?: Not Mandated Source of Mandate

or Basis for Support?:

Information

Agenda Item Text:

Approve the reappointment of Mr. Jim Lynch, Ms. Pat Edie, and Mr. Gary Brauchla to the Planning and Zoning Commission for a four year term ending December 31, 2016.

Background:

The Planning and Zoning Commission consists of nine members, three members apointed by each County Supervisor and residing in the respective Supervisorial District. Planning and Zoning Commissioners serve staggered four-year terms.

On December 31, 2012, the terms of District 1 Planning Commissioner Jim Lynch, District 2 Planning Commissioner Pat Edie, and District 3 Planning Commissioner Gary Brauchla will expire. Supervisors Pat Call, Ann English, and Richard Searle are recommending reappointment of the respective Commissioners for a four year term ending December 31, 2016.

Department's Next Steps (if approved):

Send re-appointment letter and oath of office to Mr. Lynch, Ms. Edie, and Mr. Brauchla, as outlined below in BOS Staff follow-up.

Impact of NOT Approving/Alternatives:

There will be three vacancies on the Planning and Zoning Commission; one for each district.

To BOS Staff: Document Disposition/Follow-Up:

Please send Mr. Lynch, Ms. Edie, and Mr. Brauchla the standard letter from the Board's Office affirming their reappointment along with administering the Oath of Office for each.

Jim Lynch 6621 S. Calle de la Cereza Hereford, AZ 85615 (520) 378-1158 Bottomgun592@msn.com Pat Edie 3853 West Thompson Road Elfrida, AZ 85610 (520) 642-1773 p_edie_99@yahoo.com

Gary Brauchla PO Box 301 Pearce, AZ 85625 (520) 826-1000 cvh@vtc.net

Attachments

Staff Report

Consent 4.

Community Development

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

Reappoint Ed Cottingham, Albert Young, & Paul Brick to the respective Boards of Adjustment

Submitted By: Peter Gardner, Community

Development

Department: Community Development **Division:** Planning & Zoning

Presentation: No A/V Presentation Recommendation: Approve

Document Signatures: BOS Signature Required # of ORIGINALS 0

Submitted for Signature:

NAME N/A TITLE N/A

of PRESENTER: of PRESENTER:

Docket Number (If applicable):

Mandated Function?: Not Mandated Source of Mandate

or Basis for Support?:

Information

Agenda Item Text:

Approve the reappointment of Mr. Ed Cottingham to the Board of Adjustment - District 1, Albert Young to the Board of Adjustment - District 2, and Mr. Paul Brick to the Board of Adjustment - District 3 for a four year term ending December 31, 2016.

Background:

The three Boards of Adjustment consist of three members appointed by the County Supervisor for that district and residing in said district. Members of the Boards of Adjustment serve staggered four year terms.

On December 31, 2012, the terms of District 1 Board of Adjustment member Ed Cottingham, District 2 Board of Adjustment member Albert Young, and District 3 Board of Adjustment member Paul Brick will expire. Supervisors Pat Call, Ann English, and Richard Searle are recommending reappointment of the members of the respective Boards of Adjustment for a four year term ending December 31, 2016.

Department's Next Steps (if approved):

Send re-appointment letter and administer the oath of office to Mr. Cottingham, Mr. Young, and Mr. Brick as stated below in BOS Staff follow-up.

Impact of NOT Approving/Alternatives:

There will be one vacancy on each of the three Boards of Adjustment.

To BOS Staff: Document Disposition/Follow-Up:

Please send Mr. Cottingham, Mr. Young, and Mr. Brick the standard letter from the Board's Office affirming their reappointment along with an Oath of Office.

Ed Cottingham 1970 E. Treasure Trail Sierra Vista, AZ 85650 (520) 255-1380 edward527@q.com Albert Young 2542 East 24th Street Douglas, AZ 85607 (520) 364-5745 ayoung@dusd.k12.az.us

Paul Brick PO Box 211 Pomerene, AZ 85627 (520) 586-2979 paul.brick@mtecom.com

Attachments

Staff Report

Consent 5. Facilities

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

Bisbee Soil Program Site Approval **Submitted By:** Eddie Levins, Facilities

Department: Facilities

Presentation: No A/V Presentation **Recommendation:** Approve

Document Signatures: BOS Signature Required # of ORIGINALS 1

Submitted for Signature:

NAME Eddie Levins TITLE Facilities

of PRESENTER: of PRESENTER: Director

Docket Number (If applicable):

Mandated Function?: Not Mandated Source of Mandate

or Basis for Support?:

Information

Agenda Item Text:

Approve soil removal access agreement for selected sites as identified by the Freeport-McMoran Corporation, Bisbee Soil Program.

Background:

The Bisbee Soil Program was implemented by Freeport-McMoran Corporation with oversight by the Arizona Department of Enironmental Quality (ADEQ) to determine whether certain metals of concern (arsenic, lead, copper, and manganese) are present at elevated conentrations in residential and commercial properties within the Bisee area that require removal. The program was voluntarily implemented by Freeport-McMoRan to test and clean all properties identified as meeting predetermined levels. Freeport-McMoRan completed a comprehensive property sample report and site analysis plan for each property tested, with planned removal of contaminates at no cost to the property owner.

Department's Next Steps (if approved):

Return signed agreements to Freeport-McMoRan Corporation to authorize start of soil removal.

Impact of NOT Approving/Alternatives:

Soil removal and clean up of contaminates will not occur, resulting in additional cost to the County should removal be determined necessary at a future date.

To BOS Staff: Document Disposition/Follow-Up:

One (1) original copy of a Soil Removal Access Agreement is provided for each site, with corresponding property sampling report and site analysis, and is being provided to the Clerk of the Board. After formal Board action and appropriate signatures, please return a copy of the original agreement to the Facilities Management Department.

Attachments



Legend

Cochise County Properties Eligible for Soil Removal

Note: Entire property is highlighted for purposes of map presentation, actual areas targeted for soil removal may be smaller in surface area.





NAD 1983, East Arizona State Plance (FIPS 0201)

BisbeeSoil Program

Cochise County Properties Eligible for Soil Removal

Bisbee, AZ

Finance

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

Demands

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation Recommendation:

Document Signatures: # of ORIGINALS

Submitted for Signature:

NAME n/a TITLE n/a

of PRESENTER:

Mandated Function?:

Source of Mandate
or Basis for Support?:

Information

Agenda Item Text:

Approve demands and budget amendments for operating transfers.

Background:

Auditor-General's requirement for Board of Supervisors to approve.

Department's Next Steps (if approved):

Return to Finance after BOS approval.

Impact of NOT Approving/Alternatives:

Board of Supervisors will not be in compliance with State law.

To BOS Staff: Document Disposition/Follow-Up:

Return to Finance after BOS approval.

Public Hearings 7. **Board of Supervisors**

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

New Liquor License Shadow Mountain Golf Course and Country Club

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation Recommendation:

Document Signatures: # of ORIGINALS

Submitted for Signature:

Board

NAME Katie Howard TITLE Clerk of PRESENTER: of the

of PRESENTER:

Mandated Function?: Source of Mandate

or Basis for Support?:

Information

Agenda Item Text:

Approve a new liquor license application for a series #7 and #12 (beer & wine bar and restaurant) liquor license submitted by Mr. Daniel A. Wood for Shadow Mountain Golf Course/Country Club located at 1105 Irene Street in Pearce, 85625.

Background:

Mr. Daniel A. Wood has applied for a series #7 and #12 (beer & wine bar and restaurant) liquor license for Shadow Mountain Golf Course/Country Club located 1105 Irene Street in Pierce, 85625. The Sheriff's Office and the Planning and Zoning Department have recommended approval of the application. There have not been any oppositions.

The Environmental Health Division said that they have no objections to issuing a liquor license to Mr. Daniel A. Wood. The Treasurer's Office noted that all property taxes for the location are current.

Mr. Daniel A. Wood has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Attachments

Application Notice of Posting Completed Review Forms

*12 OCT 11 Ligr. Lic. PM 4:03

Arizona Department of Liquor Licenses and Control 800 West Washington, 5th Floor Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141



APPLICATION FOR LIQUOR LICENSE TYPE OR PRINT WITH BLACK INK

TYPE OR PRIN	IT WITH BLACK INK
Notice: Effective Nov. 1, 1997, <u>All Owners, Agents, Partners, Stockholders the business</u> must attend a Department approved liquor law training cours the Liquor Licensing requirements.	s. Officers, or Managers actively involved in the day to day operations of se or provide proof of attendance within the last five years. See page 5 of
SECTION 1 This application is for a:	SECTION 2 Type of ownership:
MORE THAN ONE LICENSE INTERIM PERMIT Complete Section 5	
☐ NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16	☐ J.T.W.R.O.S. Complete Section 6 ☐ INDIVIDUAL Complete Section 6
☑ PERSON TRANSFER (Bars & Liquor Stores ONLY)	☐ PARTNERSHIP Complete Section 6
Complete Sections 2, 3, 4, 11, 13, 15, 16 ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)	☐ CORPORATION Complete Section 7
Complete Sections 2, 3, 4, 12, 13, 15, 16	 IMITED LIABILITY CO. Complete Section 7 CLUB Complete Section 8
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE	☐ GOVERNMENT Complete Section 10
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required	TRUST Complete Section 6
☐ GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16	OTHER (Explain)
SECTION 3 Type of license and fees LICENSE #(s): 07	7020002
Type of License(s): SERIES 7 BEER & WINE	Department Use Only
2. Total fe	ees attached: \$ 200 00
APPLICATION FEE AND INTERIM PERMIT F	EES (IF APPLICABLE) ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-685	52 will be charged for all dishonored checks.
SECTION 4 Applicant	
Mr	
1. Owner/Agent's Name: Ms. WOOD (Insert one name ONLY to appear on license) Last	DANIEL AUSTIN
2. Corp./Partnership/L.L.C.: SHADOW HILLS, LLC	First Middle
(Exactly as it appears on Articles of Inc	c. or Articles of Org.)
3. Business Name: SHADOW MOUNTAIN GOLF COURSE / COUNT	TRY CLUB
(Exactly as it appears on the exterior of	
Principal Street Location 1105 IRENE STREET	PEARCE COCHISE 85625
(Do not use PO Box Number)	City County Zip
5. Business Phone: 520-826-3412 Da	aytime Contact: _520-678-2649
6. Is the business located within the incorporated limits of the ab	
	ARIZONA 85602
8. Price paid for license only bar, beer and wine, or liquor store	State Zip
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DEPARTMEN	T USE ONLY
Fees: 100 100	Current 0000
Application Interim Permit Agent Change	Club Finger Prints \$ 200
9-11-11-11-11-11-11-11-11-11-11-11-11-11	TOTAL OF ALL FEES
Is Arizona Statement of Citizenship & Alien Status For Str	
Is Arizona Statement of Citizenship & Alien Status For Status	ate Benefits complete? ZYES NO
Accorded by:	

*Disabled individuals requiring special accommodation, please call (602) 542-9027.

Accepted by: CB

Date: 10-11-12

SECTION 5 Interim Permit:	
 If you intend to operate business when your application 4-203.01. 	*12 OCT 11 Ligr. Lic. PM 4 01 on is pending you will need an Interim Permit pursuant to A.R.S.
 There MUST be a valid license of the same type you a Enter the license number currently at the location. 	re applying for currently issued to the location.
4. Is the license currently in use? ☐ YES ☐ NO	no, how long has it been out of use? 30 days
ATTACH THE LICENSE CURRENTLY ISSUED AT THE	LOCATION TO THIS APPLICATION.
(Print full name), declare that I am the C (Print full name) MEMBER, STOCKHOLDER, OR LICENSEE (circle the	URRENT OWNER, AGENT, CLUB MEMBER, PARTNER, etitle which applies) of the stated license and location
	State of County of
X(Signature)	The foregoing instrument was acknowledged before me this
My commission expires on: See attacke Docume	day of,
	(Signature of NOTARY PUBLIC)
SECTION 6 Individual or Partnership Owners: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FOR FACH CARD. 1. Individual:	M LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE
Last First Middle % C	Owned Mailing Address City State Zip
Partnership Name: (Only the first partner listed will appear of	
General-Limited Last First Middle % O	wned Mailing Address City State Zip

2. Is any person, other than the above, going to share in the profits/losses of the business?

YES NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last First Middle Mailing Address City, State, Zip Telephone#

BILL OF SALE

Date: August 16, 2012

Escrow No.: FNT1211003-FTA50

Property Address:

Sunsites Golf Course, Sunsites, Arizona 85625

For a valuable consideration paid and received L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

hereby sells and conveys to Shadow Hills LLC, an Arizona Limited Liability company

his executors, administrators and assigns the following property:

Arizona State Liquor License # 07020002

Sellers for his heirs, executors and administrators, covenants and agrees to warrant and defend this sale of said property, goods, and chattels, against all and every person and persons claiming the same.

Date: 8 17 2012

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY:

CO WANAGER



FIDELITY NATIONAL TITLE AGENCY, INC.

6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711 (520)290-6227 FAX (520)290-3884

SUPPLEMENTAL ESCROW INSTRUCTIONS

Date:

August 13, 2012

Escrow No.:

FNT1211003-FTA50

TO: Fidelity National Title Agency, Inc.

The previous Instructions in this escrow are hereby modified and/or amended in the following particulars only:

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Further, attached is the application for transfer of the license.

Parties to handle the transfer of said license direct and outside of escrow, including but not limited to, the payment of any and all fees and cost in connection with the transfer of same.

Fidelity National Title is hereby released of liability and or responsibility as to the costs, fees, conditions, time frame and regulations associated with a new liquor license.

All other terms and conditions remain the same.

Shadow Hirls LLC, an Arizona Limited Liability

BY.

L190-2 Shadow Mountain Golf Course LLC., a Nevada

Zilling Company

X: Contro

SECTION 7 Corporation/Limited Liability Co.: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIR FEE FOR EACH CARD. CORPORATION Complete question L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.	ns 1, 2, 3, 5,		r" týþé hingerékindéka	RD, AND \$22 PROCESSING
Name of Corporation/L.L.C.: SHADOW HILLS, LLC (Exactly as it appears as	Autialan at I			
(Exactly as it appears on				14
2. Date Incorporated/Organized: 7/2/2012 State where Incorporated/Organized: ARIZONA				
3. AZ Corporation Commission File No.:		Date at	thorized to do busine	ess in AZ:
4. AZ L.L.C. File No: L-1772704-7		Date authorize	d to do business in A	Z: 07/5/2012
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒NO				
List all directors, officers and members in Corporat Last	ion/L.L.C.;		Mailing Address	City State Zip
WOOD DANIEL AUSTIN	M/ME	M 287 N CAI	LLE TORTUGA BENSO	N AZ 85602
(ATTACH 7. List stockholders who are controlling persons or who where the controlling persons or who will be controlled by the controlling persons or who will be controlled by the controlled b		Mail	SSARY) ing Address ORTUGA BENSON	City State Zip AZ 85602
(ATTACH 8. If the corporation/L.L.C. is owned by another entity disclosure for the parent entity. Attach additional SECTION 8 Club Applicants: ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FOR EACH CARD. 1. Name of Club: (Exactly as it appears on Club Charter or By	, attach a pe sheets as n	eeded in order	rnership chart, and a to disclose personal to discl	AND \$22 PROCESSING FEE
2. Is club non-profit? ☐ YES ☐ NO	iaws)		(Attach a cop	py of Club Charter or Bylaws)
3. List officer and directors:				
Last First Middle	Title	Mailin	g Address	City State Zip

(Exactly as it appears on license)	Last	First	Middle
2. Assignee's Name:		First	
3. License Type: L	icense Number:	Date	Hiddle 20f Last Renewal:
4. ATTACH TO THIS APPLICATION A CER DECREE THAT SPECIFICALLY DISTRIB	TIFIED COPY OF THE WALL	DDODATE BIOTIST	
SECTION 10 Government: (for cities	es, towns, or eounties on	lv)	THE RELEASE DESIGNATION DESIGNATION OF THE PERSONS SECTIONS
. Governmental Entity:			
Person/designes:			
Last	First	Middle	Contact Phone Number
A SEPARATE LICENSE MUST BE	OBTAINED FOR EACH PRE	MISES FROM WHIC	H SPIRITUOUS LIQUOR IS SERVED.
ECTION 11 Person to Person Tran			the state of the s
uestions to be completed by CURREN	NT LICENSEE (Bars and I	iquor Stores ONLY	Code 20 07
Current Licensee's Name:	ensen lun	Stores UNLY.	Series 06,07, and 09).
(Exactly as it appears on license) Last	First	Middle	Entity: Agent
Corporation/L.L.C. Name: L19D (Exactly as	-2 Shadow s it appears on license)		n bolf Course
Current Business Name:		Mountain	Golf Course
Physical Street Location of Business: 8		ENE STre	et
City, State	e, zip Pearce.	AZ 85	5625
License Type: 12	_ License Number: 16		
If more than one license to be transfere	ed: License Type:	ZLicense	e Number: <u>D 70 2000</u> 2
(Uther than hijsiness)		Calle To	rtugg
City, State,	zip Benson		5602
Have all creditors, lien holders, interest	holders, etc. been notified	of this transfer?	ŶES 🗆 NO
Does the applicant intend to operate the 5 of this application, attach fee, and cu	husinosa while this and		YES ☐ NO If yes, complete Section
l,	, hereby auth	orize the department	
(print full name)		onze trie department	to process this application to transfer
privilege of the license to the applicant, conditions, I certify that the applicant no	pio	perty rights of the lice	ense by the date of issue.
,(print full name)	, declare that I a	m the CURRENT ON	WNER, AGENT, MEMBER, PARTNE
STOCKHOLDER, or LICENSEE of the s rue, correct, and complete.	tated license. I have read	the above Section 11	and confirm that all statements are
(Signature of Company)		State of	County of
(Signature of CURRENT LICENS)		The foregoing instr	ument was acknowledged before me t
	100-0-1		3 20101011161

BILL OF SALE

Date: August 16, 2012

Escrow No.: FNT1211003-FTA50

Property Address:

Sunsites Golf Course, Sunsites, Arizona 85625

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Date: 8 17 2012

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: ORZON

CO WANAGER



FIDELITY NATIONAL TITLE AGENCY, INC.

6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711 (520)290-6227 FAX (520)290-3884

SUPPLEMENTAL ESCROW INSTRUCTIONS

Date:

August 13, 2012

Escrow No.:

FNT1211003-FTA50

TO: Fidelity National Title Agency, Inc.

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Fidelity National Title is hereby released of liability and or responsibility as to the costs, fees, conditions, time frame and regulations associated with a new liquor license.

All other terms and conditions remain the same.

Shadow Hirls LLC, an Arizona Limited Liability

DV.

L190-2 Shadow Mountain Golf Course LLC., a Nevada

Limited Liability Company

BY:

- Co Murage 12

12 OCT 11 Lig. Lic. PM 4:01

(Exactly as it -	Name	
(Exactly as it appears on license)	Address	
New Business; (Physical Street Location)	Name	
	Address	
3. License Type:	License Number:	
4. If more than one license to be	transferred: License Type:	License Number:
What date do you plan to mov	e?	What date do you plan to open?
SECTION 13 Questions for	all in-state applicants evelv	July 1
restaurant lice	(in the state of	ding those applying for government, hotel/motel, and
R.S. § 4-207 (A) and (B) state that no re director, within three hundred (300) ho dergarten programs or grades one (1) the above paragraph DOES NOT apply to	tailer's license shall be issued for any izontal feet of a church, within three harough (12) or within three hundred (3):	y premises which are at the time the license application is received by hundred (300) horizontal feet of a public or private school building with 300) horizonal feet of a fenced recreational area adjacent to such school buil
a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01)		c) Government license (§ 4-205.03) d) Fenced playing area of a golf course (§ 4-207 (B)(5))
2. Distance to nearest church: _	Address 148 V4 muft. Name of church Address 214	ch Church of Jesus Christ W. Ford St., Pearce, AZ 856
. I am the: Lessee	0 11	City, State, Zip Purchaser (of premises)
If the premises is leased give les		
	Address	
Monthly routell	What is the rema	City, State, Zip aining length of the lease yrsmos.
Worthly rental/lease rate \$	is not fulfilled? \$	or other
What is the penalty if the lease	is not faililled? \$	
What is the total <u>business</u> indebted	iness for this license/location ex	
vinacis the penalty if the lease	iness for this license/location ex	(give details - attach additional sheet if necessary)
What is the total <u>business</u> indebted lease list lenders you owe mone	dness for this license/location ex	
What is the total <u>business</u> indebted lease list lenders you owe mone	dness for this license/location ex	(give details - attach additional sheet if necessary) cluding the lease? \$ Mailing Address
What is the total <u>business</u> indebted lease list lenders you owe mone	dness for this license/location ex	(give details - attach additional sheet if necessary) cluding the lease? \$ Mailing Address
What is the total <u>business</u> indebted lease list lenders you owe mone	dness for this license/location ex	(give details - attach additional sheet if necessary) cluding the lease? \$ Mailing Address

5

SECTION 13 - continued 12 DCT 11 Ligr. Lic. PM 4:01
7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? YES NO If yes, attach explanation. 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? NO
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business?
9. Is the premises currently licensed with a liquor license? YFS NO If yes give license pumber and licenses's reserved
License # 07620002(exactly as it appears on license) Name Lynn H. Christensen
SECTION 14 Restaurant or hotel/motel license applicants:
 Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO If yes, give the name of licensee, Agent or a company name:
Christensen, Lynn H and license #: 12023106
 If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
 All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.
applicant's signature
As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the
applicants initials
SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)
1. Check ALL boxes that apply to your business:
Entrances/Exits Liquor storage areas Patio: Contiguous

☐ Service windows

☐ Drive-in windows

☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign?

If yes, what is your estimated opening date?

month/day/year □ NO

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows,or increase or decrease to the square footage after submitting this initial drawing.

SECTION 15 Diagram of Premises

My commission expires on : Day Month

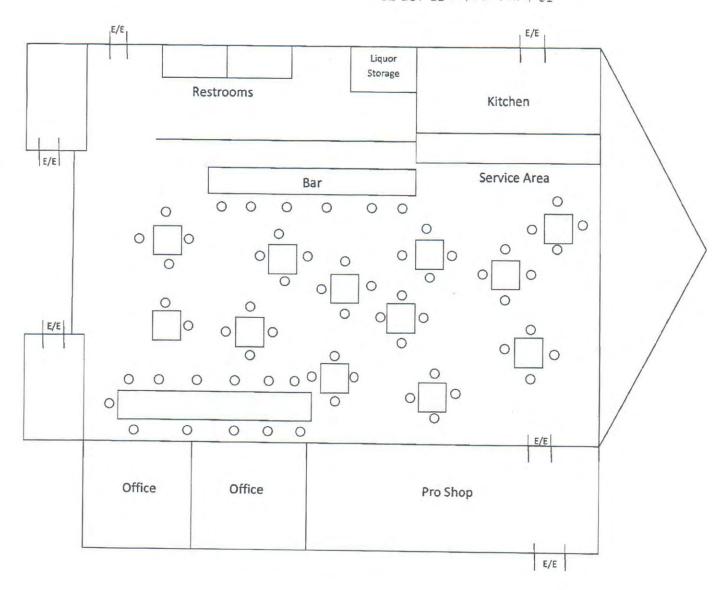
4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances exits, interfor walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up 1.

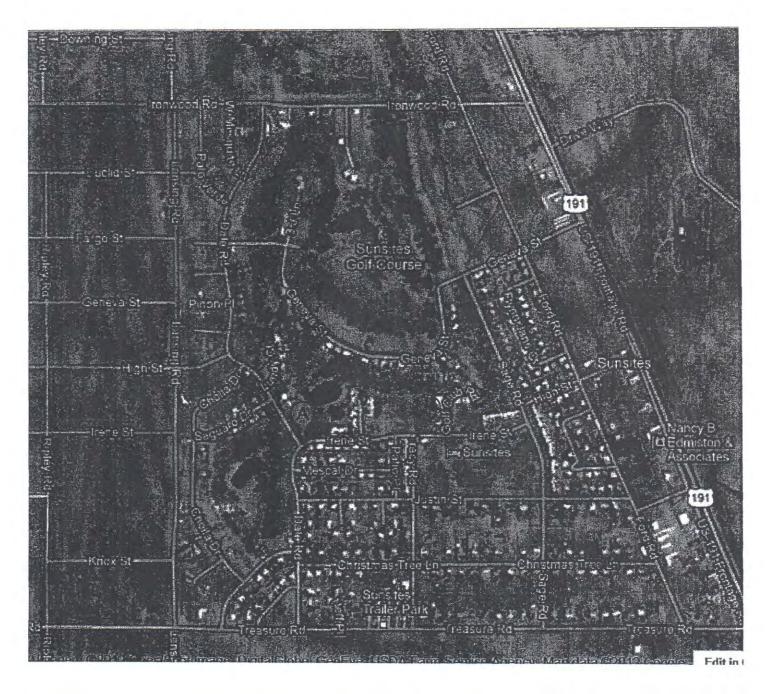
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

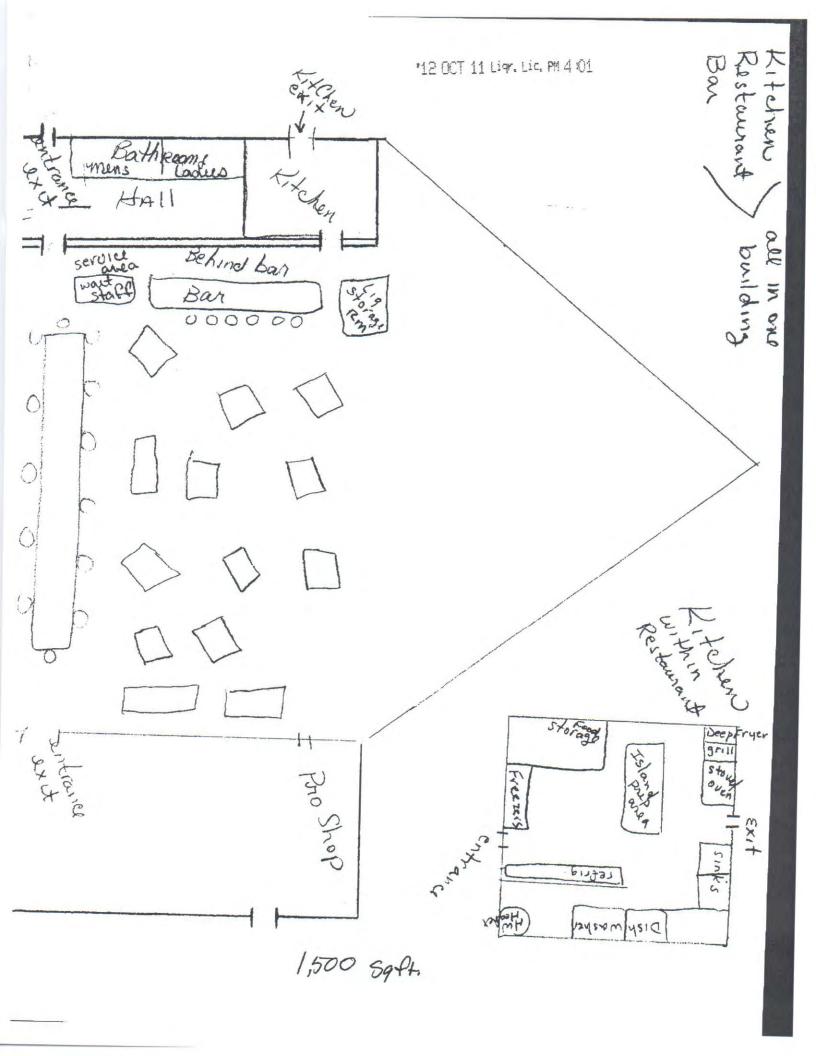
	See Attachec	\ \ \
		OCT 11 Ligr. Lic. PM 4 101
SECTION 16 Signature Plack I,	uestion 1. I have read this appl	m the OWNER/AGENT filing this lication and verify all statements to be
G	State of 1200	acounty of Pima

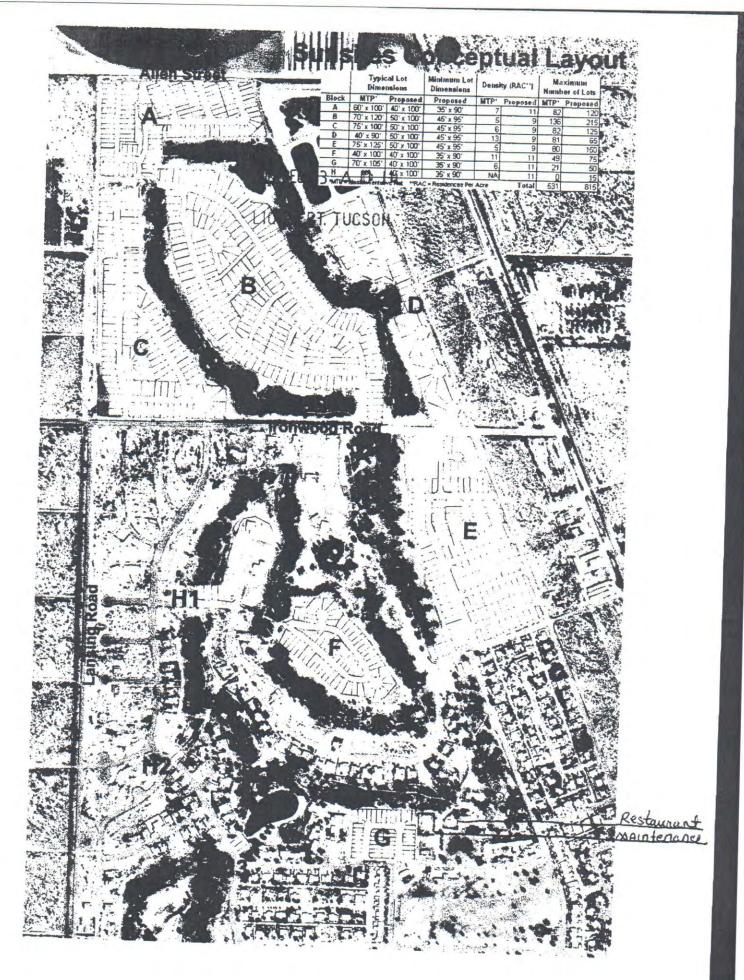
The foregoing instrument was acknowledged before me this

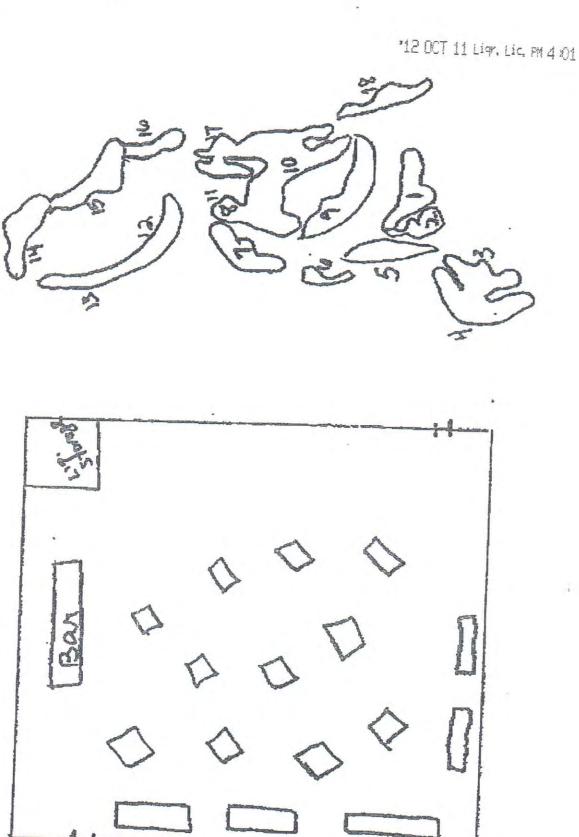
Day











50 1/2 30 E

- 1500 W.F.

*12 OCT 11 Ligy, Lic, PM 4:03

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141

APPLICATION FOR LIQUOR LICENSE TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of

SECTION 1 This application is for a: MORE THAN ONE LICENSE INTERIM PERMIT Complete Section 5 NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16 PERSON TRANSFER (Bars & Liquor Stores ONLY) Complete Sections 2, 3, 4, 11, 13, 15, 16 LOCATION TRANSFER (Bars and Liquor Stores ONLY) Complete Sections 2, 3, 4, 12, 13, 15, 16 PROBATE/WILL ASSIGNMENT/DIVORCE DECREE Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16	SECTION 2 Type of ownership: ☐ J.T.W.R.O.S. Complete Section 6 ☐ INDIVIDUAL Complete Section 6 ☐ PARTNERSHIP Complete Section 6 ☐ CORPORATION Complete Section 7 ☐ LIMITED LIABILITY CO. Complete Section 7 ☐ CLUB Complete Section 8 ☐ GOVERNMENT Complete Section 10 ☐ TRUST Complete Section 6 ☐ OTHER (Explain)
SECTION 3 Type of license and fees LICENSE #(s): 12023172 1. Type of License(s): SERIES 12 RESTAURANT 2. Total fees attached: \$ 200 Department Use Only APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE. The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.	
SECTION 4 Applicant , 1. Owner/Agent's Name: Ms. WOOD (Insert one name ONLY to appear on license) Last 2. Corp./Partnership/L.L.C.: SHADOW HILLS, LLC (Exactly as it appears on Articles of Inc. or Articles	DANIEL AUSTIN BO
Business Name: SHADOW MOUNTAIN GOLF COURSE / COUNTRY CLUB (Exactly as it appears on the exterior of premises) 4. Principal Street Location 1105 IRENE STREET PEARCE PEARCE	SE COULTE
(Do not use PO Box Number) 5. Business Phone: Daytime Co	City County 520-678-2649
 Is the business located within the incorporated limits of the above city Mailing Address: 287 N CALLE TORTUGA BENSON ARIZONA City Sta Price paid for license only bar, beer and wine, or liquor store: Type 	85602
DEPARTMENT USE ONLY	
Fees: DO 100 Application Interim Permit Agent Change Club	Finger Prints \$
Is Arizona Statement of Citizenship & Alien Status For State Bene ON File Clop76070 Accepted by: Date: 10-1/- 12	_Lic.#_12023172

SECTION 5	Interim Permit:					
 If you inte 4-203.01. 	nd to operate busin	ess when your ap	oplication is per	DCT 11 Ligr. Lic. PM nding you will need an	4 01 nterim Permit pursuant to A	A.R.S.
2. There MUS	T be a valid license	of the same type	e vou are apply	ing for currently issued	to the least	
3. Enter the lie	cense number curre	ently at the location	on. 1202	3/DIC	to the location.	
					use? 30 days	_
ATTACH THE	LICENSE CURRE	NTLY ISSUED A	T THE LOCAT	ION TO THIS APPLIC	ATION.	
l,(Print	full name)	declare that I an	n the CURREN	T OWNER, AGENT, (CLUB MEMBER, PARTNE	ER,
MEMBER, ST	FOCKHOLDER, O	R LICENSEE (ci	rcle the title wh	ich applies) of the stat	ed license and location.	
X					County of	
(Signature)			The foregoing instrum	ent was acknowledged bef	ore me this
My commission See 0	expires on:	Docur	nents		Month Year	
				/Signature	of NOTARY PUBLIC)	
	Individual or Parti			, AN "APPLICANT" TYPE FINO	SERPRINT CARD, AND \$22 PROCES	SING FEE
Last	First	Middle				
	1 1131	Middle	% Owned	Mailing Address	City State Zip	
Partnership Nam	ne: (Only the first pa	hoer listed will ap	opear on licens	e)		
General-Limited	Last First	Middle	% Owned	Mailing Address	City State 7	
					City State Zip	
				XX	RASSECE	N F I

2. Is any person, other than the above, going to share in the profits/losses of the business? YES NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last First Middle Mailing Address City, State, Zip Telephone#

OCT 18 Light Lic. PM 1:59

BILL OF SALE

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Property Address:

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Date: 8 | 17 | 2012

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BY:

CD MANAGER



FIDELITY NATIONAL TITLE AGENCY, INC.

6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711 (520)290-6227 FAX (520)290-3884

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Shadow Hirls LLC, an Arizona Limited Liability

--- 4

L190-2 Shadow Mountain Golf Course LLC., a Nevada

Limited Liability Company

Y:

Co Murager

EACH PERSON LISTEE FOR EACH C	ORPORATION L.C. <i>Complete 1, 2</i>	MPLETED QUESTIONNAI Complete questio 2, 4, 5, 6, 7, and 8.	ns 1, 2, 3, 5,		'APPLICANT" TYPE HING and 8.	rėbinj ¹ 88rb, ¹	END \$22 PROCESSING
1. Name of C	Corporation/L.L.C.: -	SHADOW HILLS, LLO	C Adialas aflusa		and a Adiabase of Ossasinat	:>	
0.011					on or Articles of Organizat		
					rporated/Organized		2.7 32.44
3. AZ Corpor	ation Commission F	ile No.:			_ Date authorized to	do business	in AZ:
4. AZ L.L.C. F	File No: _L-1772704-	7		Date	authorized to do bus	siness in AZ:	07/5/2012
5. Is Corp./L.I	L.C. Non-profit?	YES ⊠NO					
6. List all dire	ctors, officers and n	nembers in Corpora	ation/L.L.C.:				
Last	First	Middle	Title		Mailing Add	ress	City State Zip
WOOD	DANIEL	AUSTIN	M/ME	M	287 N CALLE TORTU	GA BENSON	AZ 85602
7. List stockho	olders who are cont First			or mo	T IF NECESSARY) Dre: Mailing Address		City State Zip
WOOD	DANIEL	AUSTIN	100.0	287 N	N. CALLE TORTUGA	BENSON AZ	85602
8. If the corpo	oration/L.L.C. is own	ned by another entit	ty, attach a p	ercent	FIF NECESSARY) tage of ownership ch	nart, and a di	rector/officer/member
SECTION 8	Club Applicants:	y. Attach additiona	al sheets as r	neede	PPLICANT" TYPE FINGERF	e personal id	dentities of all owners.
1. Name of Cl					Date Cl	nartered:	
0 1- 11		ears on Club Charter or E	Bylaws)			(Attach a copy of	of Club Charter or Bylaws)
2. Is club non-		□ NO					
List officer a Last	and directors: First	Middle	Title				
Luot	1 1131	Middle	Title		Mailing Address	-	City State Zip
/AT	TACH ADDITIONAL CU	EET IS NEOSCOLO					
(A)	TACH ADDITIONAL SH	EET IF NECESSARY)	2				

Current Licensee's Name (Exactly as it appears on license)	Last	First	Middle
2. Assignee's Name:	Last	First	
3. License Type:			Date of Last Renewal:
4. ATTACH TO THIS APPLICA		EWILL PROBATE DIST	SIBLITION INSTRUMENT OR DIVIOROF
SECTION 10 Governme	nt: (for cities, towns, or eour	nties only)	MAN DECIMAL RECORD EMERGING DECIMAL EXCESS EN
Governmental Entity:			
2. Person/designea:	Last	First Middle	2 1 12
A SEPARATE LICENSE			Sometimone Number
	INIOST BE OBTAINED FOR EA	ACH PREMISES FROM	WHICH SPIRITUOUS LIQUOR IS SERVED.
SECTION 11 Person to I	Person Transfer:		
Questions to be completed	by CURRENT LICENSEE (Ba	rs and Liquor Stores (DNLY-Series 06,07, and 09).
 Current Licensee's Name: (Exactly as it appears on license) 	Christensen, L	ynn t	Middle Entity: Agent etc.)
2. Corporation/L.L.C. Name:	(Exactly as it appears on license)	dow Mour	tain bolf Course 1
3. Current Business Name:	L190-2 Shac (Exactly as it appears on license)	low Mount	ain Golf Course
. Physical Street Location of	Business: Street 1105	IRENE S	Treet
	City, State, Zip Pear	^	85625
5. License Type: 12	License Number	er. 120231C	de
i. If more than one license to	be transfered: License Type: _	67	icense Number: <u>0702000</u> 2
Current Mailing Address: (Other than business)	Street <u>287</u>	N. Calk	Tortugg
(Other than business)	City, State, Zip Bens	son, Az	85602
Have all creditors, lien holds	ers, interest holders, etc. been	notified of this transfer?	YES NO
. Does the applicant intend to	operate the business while the fee, and current license to the	is application is ponding	g? YES NO If yes, complete Section
0. I,	, here	eby authorize the depar	rtment to process this application to transfer the
(print full name) privilege of the license to the			
conditions, I certify that the	applicant now owns or will own	n the property rights of	sale are met. Based on the fulfillment of thes the license by the date of issue.
(print full name)			NT OWNER, AGENT, MEMBER, PARTNER
STOCKHOLDER, or LICEN- true, correct, and complete.	SEE of the stated license. I ha	ave read the above Sec	tion 11 and confirm that all statements are
		State of	County of
See Attac	RENT LICENSEE)	. The foregoin	g instrument was acknowledged before me th
commission expires on:		property &	Liquor License Year
	0	-0/5	ignature of NOTARY PUBLIC)

BILL OF SALE

Date: August 16, 2012

Escrow No.: FNT1211003-FTA50

Property Address:

Sunsites Golf Course, Sunsites, Arizona 85625-

For a valuable consideration paid and received L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

hereby sells and conveys to Shadow Hills LLC, an Arizona Limited Liability company

his executors, administrators and assigns the following property:

Arizona State Liquor License # 07020002

Sellers for his heirs, executors and administrators, covenants and agrees to warrant and defend this sale of said property, goods, and chattels, against all and every person and persons claiming the same.

Date: 8 11 2012

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: OF HUMANA OF CO

Bill of Sale (Rev 4/95)



FIDELITY NATIONAL TITLE AGENCY, INC.

6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711 (520)290-6227 FAX (520)290-3884

SUPPLEMENTAL ESCROW INSTRUCTIONS

Date:

August 13, 2012

Escrow No .:

FNT1211003-FTA50

TO: Fidelity National Title Agency, Inc.

The previous Instructions in this escrow are hereby modified and/or amended in the following particulars only:

Parties acknowledge that escrow has requested a lien and judgement search on the attached Liquor Licence in addition to contacting the Liquor Board for any additional fees and conditions due for the transfer of the license.

Further, attached is the application for transfer of the license.

Parties to handle the transfer of said license direct and outside of escrow, including but not limited to, the payment of any and all fees and cost in connection with the transfer of same.

Fidelity National Title is hereby released of liability and or responsibility as to the costs, fees, conditions, time frame and regulations associated with a new liquor license.

All other terms and conditions remain the same.

Shadow Hirls LLC, an Arizona Limited Liability company

RV.

L190-2 Shadow Mountain Golf Course LLC., a Nevada

Limited Liability Company

BY: ST

Co Muraj

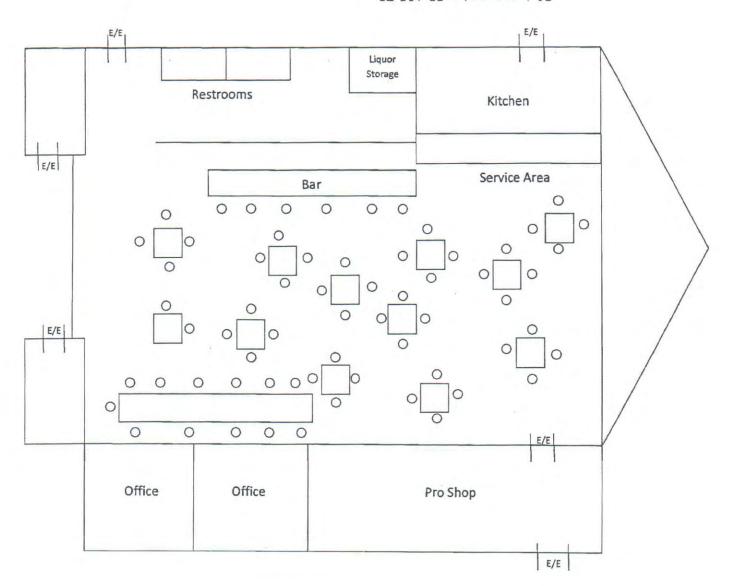
Current Business: (Exactly as if any and a second a	Name				
(Exactly as it appears on licer	100)				
New Business: (Physical Street Location)	Name				
	Address		1		
3. License Type:	License No	umber:			
4. If more than one license to	be transferred: Lie	cense Type:	Licen	se Number:	
5. What date do you plan to m	nove?		What date do you	plan to open?	
SECTION 13 Questions	for all in-state a licenses (series	pplicants excludi	ng those applying for	government, hote	el/motel, and
R.S. § 4-207 (A) and (B) state that n e director, within three hundred (300) ndergarten programs or grades one (ne above paragraph DOES NOT app	o retailer's license sh) horizontal feet of a c (1) through (12) or wit ly to:	all be issued for any proburch, within three hur hin three hundred (300	remises which are at the time ndred (300) horizontal feet of I) horizonal feet of a fenced r	the license application a public or private scho ecreational area adjace	n is received by ool building with ent to such school b
a) Restaurant license (§ 4-205.0) b) Hotel/motel license (§ 4-205.0)	2) 1)	c) ď	Government license (§ 4-2) Fenced playing area of a go	05.03) olf course (§ 4-207 (B)((5))
Distance to nearest school Distance to nearest church	n: 14 mift.	Name of church	Church D W. Ford St.	A Rd Pe Ate, Zip F Jesus Pearce	arce A
3. I am the: Lessee	☐ Sublessee	Owner P	City, Stat urchaser (of premises)	e, Zip	
. If the premises is leased give					
	Address_				
a. Monthly rental/lease rate \$_	V	What is the remain	City, State,	Zip	
. What is the penalty if the lea	ase is not fulfilled	? \$		yrsmos.	
What is the total <u>business</u> indel Please list lenders you owe mo	btedness for this li			ach additional sheet it	f necessary)
ast First	Middle	Amount Owed	Mailing Add		
		I I I I I I I I I I I I I I I I I I I	Mailing Address	City State	Zip

5

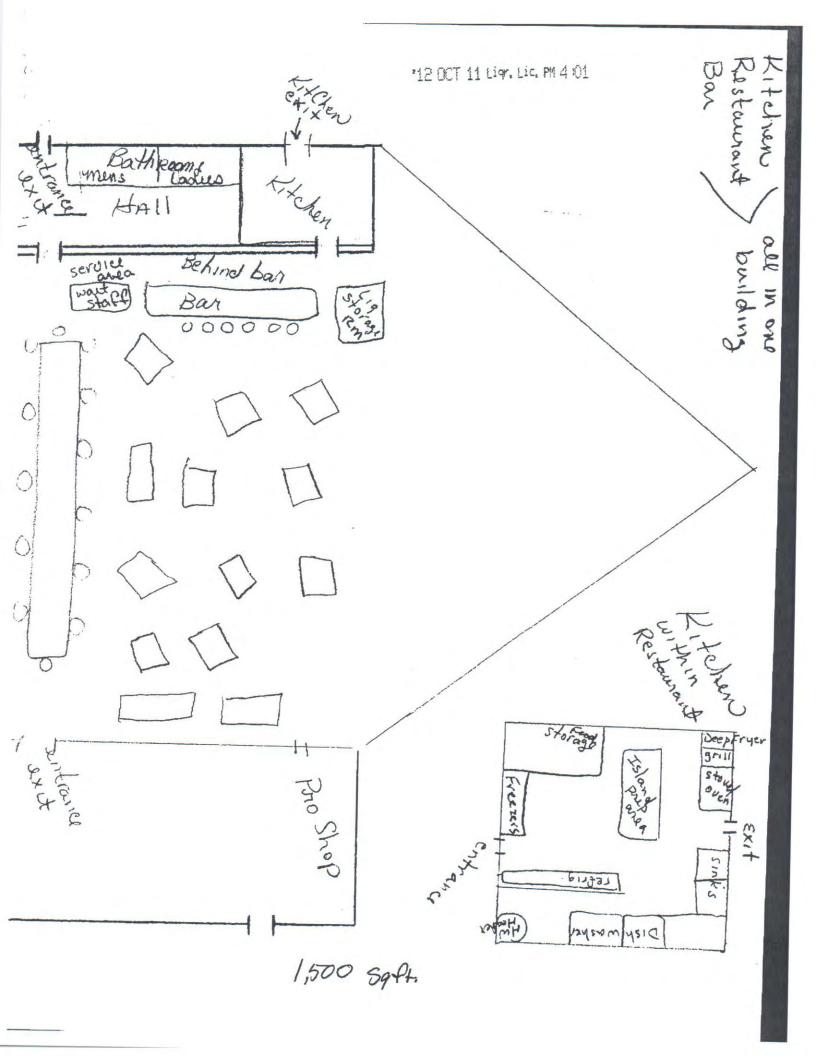
SECTION 13 - continued

	7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
	8. Does any spirituous liquor manufacturer wholesales as analysis 12 OCT 12 Liq. Dept 401157
	9. Is the premises currently licensed with a liquor license? AYES NO If yes, give license number and licensee's name:
	License # D7b2DDD 2
	License # 07620002 _(exactly as it appears on license) Name Lynn H. Christensen
	SECTION 14 Restaurant or hotel/motel license applicants:
	1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
	Christensen, Lynn H and license #: 12023106
	A.R.S. § 4-203.01; and complete SECTION 5 of this application.
	 All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
	4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed minimum of 40 percent food sales based on these definitions and have included the Restaurant Fotel/Motel Records Required for Audit (form LIC 1013) with this application.
	- a time of a
	As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your and the new inspection date you are requesting. To schedule your site inspection yield www.azliquor.gov and click on the applicants initials
1	SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form) Check ALL boxes that apply to your business:
	Entrances/Exits Liquor storage areas Patio: A Contiguous
2	Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO
3.	Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4.	The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5.	Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.
	As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

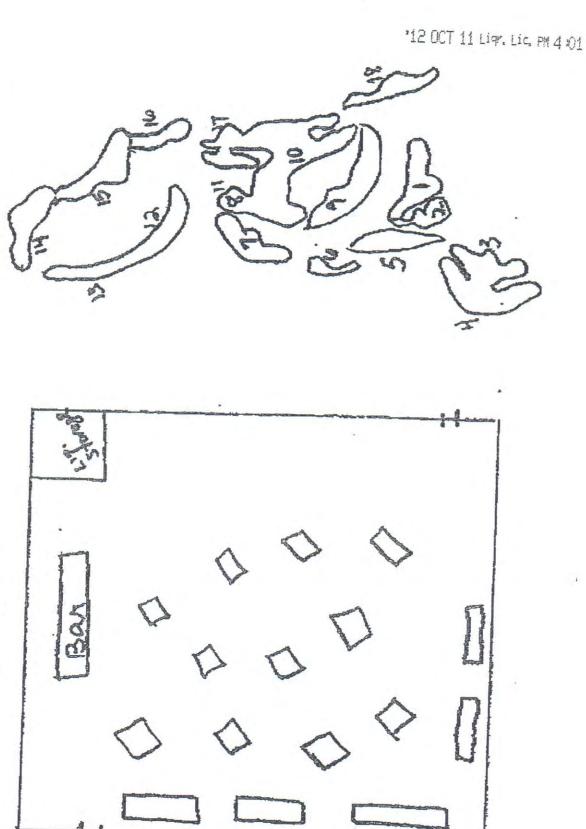
6







Minimum Lot Dimonolous Proposed 35' x 90' 45' x 95' 45' x 95' 45' x 95' 45' x 95' 25' x 97' MTP* Proposed 90' x 100' 40' x 100' 70' x 120' 50' x 100' 75' x 100' 50' x 100' 40' x 90' 50' x 100' 75' x 125' 50' x 100' 75' x 125' 50' x 100' 136 82 81 80 49 21 0 saintenance



50° 12 304

1500 W.C.

NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES DATE POSTED: ()crosek 31, 2012

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE COCHISE COUNTY BOARD OF JUPERVISORS

PLACE 1915 Nobel in Blogg, Bisber, 42 DATE/TIME NOVEMBER 27, 2012

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 520-432-9200

NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE STATE LIQUOR BOARD: 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789 REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY:

STATE LIQUOR DEPT: (602) 542-9789



Telephone (520) 432-9200 Fax (520) 432-5016

APPLICANT INFORMATION						
Applicant Name: Business Name: Liquor License #: Ownership Type: Partner(s):	Daniel A. Wood Shadow Mt Golf Course/Country Club 12023172 & 07020002 LLC Shadow Hills To Be Completed By The Envir					
We would like to request your assistance in reviewing the attached application. Please provide any pertinent information for the Board's consideration: Shadow Mountain Golf Course/Country Club - [W-4368] is a licensed establishment with the Cochise County Environmental Health Division and meets all requirements of the Cochise County Sanitary Code; Arizona Food Code and Prop 201; therefore this division has no objection issuing two liquor licenses [Interim Permit and Person Transfer] #12023172 (restaurant) and #07020002 (beer/wine) to the applicant Daniel A. Wood.						
OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION: The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business. The Health Department is currently working with the property owner on health-related issues with the subject property. Name: Mary Gomez Title: Director, Health & Social Services Date: November 06, 2012 Contact phone: 520.432.9404 Email: mgomez@cochise.az.gov						

Return completed form with any attachments by: ___11/06/12



Telephone (520) 432-9200 Fax (520) 432-5016

	APPLICANT 1	NFORMATION
Applicant Name: Business Name: Liquor License # Ownership Type: Partner(s):	Shadow Mountain Golf Course/Country Club 12023172 & 07020002	Address: 1105 Irene Street City/Zip: Pearce/85625 Parcel #: 114-18-011 Liquor License ☑ Special Event Liquor License □
	TO BE COMPLETED BY T	HE TREASURER'S OFFICE
Please advise i	f the property taxes for the parcel in c	uestion are current.
	□ No	
Comments:	ttach pertinent documentation.	
Name:	Lynn Phillips	Title: Secretary II
Signature:	Lynn Phillips	Date: November 14, 2012
Contact phone:	520-432-8422	Email: phillips@cochise.az.gov
Return completed	d form with any attachments by:	11/6/12



Telephone (520) 432-9200 Fax (520) 432-5016

For	internal use only:
-	Restaurant/Hotel-Motel
_	Club/Government
	Transfer of Premises

		1 ax (32	20) 432-3010					
		APPLICANT	INFORMATI	ON				
Applicant Name:	Daniel A. Wood		Addres	ss:	1105 Irene	Street		
Business Name:	Shadow Mountain (Course/Country Clu		City/Zi	p:	Pearce/856	525		
Liquor License #:	12023172 & 07020	002	Parcel	#:	114-18-01	1		
Ownership Type:	LLC		— Liquor	Licer	nse 🖂	Special Fy	vent Liquor License [7
Partner(s):	Shadow Hills			Licci	15C 🖂	Special E	vent Liquoi License [
	То Ве Сомрі	ETED BY THE PL	ANNING & Z	ONI	NG DEPARTI	1ENT		
 Please advise if, at the time the application was filed: The premises for which the license is being applied for is within 300 horizontal feet of a church; or The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building. If so, please attach pertinent documentation and drawings or maps. Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building. 								
Based on the a	above information, th	e Planning and	Zonina		Appr	oval	Disapproval	
	recommendation to t		The state of the s		×			
	OTHER PERTINEN	IT INFORMATION	FOR THE B	OARI	o's Constde	ERATION:		
Proper Zoning? Y N N Permit#: N/A Use permitted by P&Z? Y N N N Permit#: N/A Date Permit Issued: N/A Use Permitted: CLUBHOUSE If use not permitted, is it LNC? Y N N N N N N N N N N N N N N N N N N								
Name:	Dora V Flores		Title:	Perr	mit and Custo	omer Servic	e Coordinator	
Signature:	Dora V Flores		Date:		ober 31, 201		o coordinator	
Contact phone:	(520) 432-9240		Email:	dflo	res@cochise.	az.gov		

11/6/12

Return completed form with any attachments by:



Telephone (520) 432-9200 Fax (520) 432-5016

	APPLICANT 1	INFORMA	TION		
Applicant Name:			ress:	1105 Irene	Street
Shadow Mountain Golf Course/Coun Business Name: Club			/Zip:	Pearce/856	25
Liquor License #	12023172 & 07020002	Parc	cel #:	114-18-011	
Ownership Type	: LLC	Liqu	or Licer	nse 🖂	Special Event Liquor License
Partner(s):	Shadow Hills				
	To Be Completed By	THE SHE	RIFF'S	OFFICE	
Please advise i	f:			A CONTRACTOR OF THE PROPERTY O	
The applicat	olicant, or any named partner(s), has hadion or;	d a felon	y convi	iction within	five (5) years prior to the
2. There he the appl	ave been a significant number of incider lication.	nts at the	name	d location w	ithin five (5) years prior to
If so, please at	tach pertinent documentation.				
Comments: The previous five (5)	ne applicant and named location have no) felony c	onvicti	ons or signif	icant incidents with the
	above information, the Sheriff's Office on to the Board of Supervisors is:	Approv	al	Disapproval	No Recommendation
Name:	Ken Buckner	Title:	Deput	ty Commande	er
Signature:	D.C. K. Buckner	Date:		er 30, 2011	
Contact phone:	520-432-9506	Email:		ner@cochise.	az.gov
Return complete	ed form with any attachments by:	_11/14/1	12		

Health & Social Services

Regular Board of Supervisors Meeting

Meeting Date: 11/27/2012

New Cochise Communty Foundation, Unwasted Weekend Agreement

Submitted By: Jennifer Steiger, Health & Social

Services

Department: Health & Social Services

Presentation: PowerPoint Recommendation: Approve

Document Signatures: BOS Signature NOT Required # of ORIGINALS 0

Submitted for Signature:

NAME Suzanne Hagle TITLE Administrative

of PRESENTER: of PRESENTER: Manager

Mandated Function?: Not Mandated Source of Mandate

or Basis for Support?:

REMINDER: You will use this Agenda Item template if your item involves a Grant (whether a

new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and

attach it to your item (on the Attachments tab).

Information

Agenda Item Text:

Approve Grant Number 20132162, Unwasted Weekend Project, between the Cochise Community Foundation and Cochise County Health and Social Services in the amount of \$1,500 for the period of 10/01/2012 to 9/30/2013.

Background:

The funds included in this award support the implementation of a one-time event as part of the Unwasted Weekend Campaign.

This campaign was developed by MTV and Above the Influence to encourage teens to find ways to have a fun weekend that does not involve participating in risky behaviors. The Cochise Youth Health Coalition will develop and implement an all night "lock-in" where youth stay the whole night and participate in a variety of activities. Participation in this event provides youth with a one-time alternative to "getting wasted" or participating in other risky behaviors such as drug use, illegal activities, sexual behavior or smoking. It also provides ongoing examples and encouragement for youth to have fun without risky behavior, even after the Unwasted Weekend is over.

The funds in this contract cover program supplies costs for this event. CHSS staff supervision is paid for under the Tobacco and Chronic Disease grant through ADHS, where Youth Health Coalition events are part of grant deliverables.

Department's Next Steps (if approved):

Your approvals are respectfully requested.

Impact of NOT Approving/Alternatives:

Not approving this would reduce the outreach capacity of the Youth Health Coalition in providing tobacco and teen pregnancy prevention education for community youth and deprive community youth of an opportunity to learn new ways to have fun without participating in risky behaviors.

To BOS Staff: Document Disposition/Follow-Up:

A fully executed original will be sent to the Clerk of the Board for filing purposes.

Fiscal Impact

Fiscal Year: 2012-2013

One-time Fixed Costs? (\$\$\$): 1,500
Ongoing Costs? (\$\$\$): 0
County Match Required? (\$\$\$): 0
A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): 0
Source of Funding?: CCF

Fiscal Impact & Funding Sources (if known):

This is a grant-funded, fixed-price contract through the Cochise branch of the Arizona Community Foundation in the amount of \$1,500. Since this is a grant for program supplies only, no County subsidy is necessary.

Attachments

CCF Unwasted Weekend NEW 11-12

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: JENNIFER STEIGER		Department/Division: HEALTH/Prevention			
Date Prepared: 11/7/12		Telephone: 520-432-9402			
Grantor: Cochise Community Foundation		Grant Title: Unwasted	Weekend		
Grant Term From: 10/1/12	To: 9/30/13				
Fund No/Dept. No: 249		Nata Cond Na will be a sain	and bookles Fire are as Domini		
		Note: Fund No. will be assign	, .		
New Grant	it No Inc	crease \$ <u>1,500</u>	Decrease \$	0	
Briefly describe purpose of grant: The funds included in this award support the implementation of a one-time event as part of the Unwasted Weekend Campaign. This campaign was developed by MTV and Above the Influence to encourage teens to find ways to have a fun weekend that does not involve participating in risky behaviors. The Cochise Youth Health Coalition will develop and implement an all night "lock-in" where youth stay the whole night and participate in a variety of activities. The funds in this contract cover program supplies costs for this event. CHSS If amendment, provide reason:					
If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service: Not mandated					
Funding Sources Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total	
Current Fiscal Year	\$1,500			\$1,500	
Remaining Years					
Total Revenue	\$1,500			\$1,500	
Is County match required? Yes No If yes, dollar amount \$ Has this amount been budgeted? Yes No Identify Funding Source: CCF Federal Catalog of Federal Domestic Assistance (CFDA) No:					
Method of collecting grant funds: Lump	. ,	, , , <u> </u>	Draw Reimbur	sement 🔀	
Is revertment of unexpended funds requir	ed at end of grant pe	riod? Yes XNo			
a) Total A-87 cost allocation 0 b) Amount of overhead allowed by grant 0 County subsidy (a-b) 0					
Does Grantor accept indirect costs as an al	llowable expenditure	? □Yes ☒No			
If yes, dollar amount \$	OR percentag	ge allowed %			
Number of new positions that will be fund	ded from grant: 0	Number of existing	g positions funded f	rom grant: 0	

Executive Summary Form

Agenda Number: HLT (Unwasted Weekend)

Recommendation:

Approve new Grant Number: 20132162, Unwasted Weekend Project, between the Cochise Community Foundation and Cochise County Health and Social Services in the amount of \$1,500 for the period of 10/01/2012 to 9/30/2013.

Background (Brief):

The funds included in this award support the implementation of a one-time event as part of the *Unwasted Weekend Campaign*.

This campaign was developed by MTV and Above the Influence to encourage teens to find ways to have a fun weekend that does not involve participating in risky behaviors. The Cochise Youth Health Coalition will develop and implement an all night "lock-in" where youth stay the whole night and participate in a variety of activities. Participation in this event provides youth with a one-time alternative to "getting wasted" or participating in other risky behaviors such as drug use, illegal activities, sexual behavior or smoking. It also provides ongoing examples and encouragement for youth to have fun without risky behavior, even after the Unwasted Weekend is over.

The funds in this contract cover program supplies costs for this event. CHSS staff supervision is paid for under the Tobacco and Chronic Disease grant through ADHS, where Youth Health Coalition events are part of grant deliverables.

Fiscal Impact & Funding Sources:

This is a grant-funded, fixed-price contract through the Cochise branch of the Arizona Community Foundation in the amount of \$1,500. Since this is a grant for program supplies only, no County subsidy is necessary.

Next Steps/Action Items/Follow-up: Your approvals are respectfully requested.

Impact of Not Approving:

Not approving this would reduce the outreach capacity of the Youth Health Coalition in providing tobacco and teen pregnancy prevention education for community youth and deprive community youth of an opportunity to learn new ways to have fun without participating in risky behaviors.



September 7, 2012

Ms. Judith Gilligan Cochise Health and Social Services 1415 Melody Lane Building A Bisbee, Arizona 85603

Re: Grant #20132162:

Dear Ms. Judith Gilligan,

Congratulations! The Arizona Community Foundation, on behalf of the Cochise Community Foundation, is pleased to approve a grant of \$1,500 to Cochise Health and Social Services.

Funds are expressly earmarked for the project entitled, "The Unwasted Weekend". The Foundation requests that you submit a final report on October 1, 2013.

Payment shall be made upon executing and returning the enclosed grant agreement with the conditions attached thereto. The Foundation requests that you sign and return the attached grant agreement no later than October 21, 2012. Please email or fax (602-381-1575) your grant agreement to the attention of Kristen Nelson (knelson@azfoundation.org). If you have any questions, please contact Tresa Thomas-Massiongale at 520.439.0595 or tthomasmassiongale@azfoundation.org.

We wish you and Cochise Health and Social Services every success with the project.

Sincerely,

Carol Sanger

Carol Sanger

Director, Southeastern Region | Arizona Community Foundation



GRANT AGREEMENT

Date: September 7, 2012

Grantor: Arizona Community Foundation, on behalf of Cochise Community Foundation

Grant Number: 20132162

Grant recipient: Cochise Health and Social Services

Grant Period: September 2012 – September 2013

Grant Amount: \$1,500

Special Signed Grant Agreement

Conditions:

Final Report Due: October 1, 2013

As consideration for the grant, the Grantee agrees to the following conditions:

- Use of Grant Money. The Grantee shall use the Grant Money only for the Project, in accordance with the proposal and budget previously submitted to and approved by the Cochise Community Foundation. The Grantee shall not make any significant change in the Project without the prior approval of the Cochise Community Foundation. At the end of the grant period, the Grantee shall promptly return to the Cochise Community Foundation any unused portion of the Grant Money.
- 2. Reports. The Grantee shall submit written reports on the progress and accomplishments of this Project as well as an accounting of expenditure of grant funds. Reporting and documentation required by the Cochise Community Foundation shall be provided as outlined in the Grantee Final Report, attached as part of this Agreement or soon to follow. The Grantee shall provide the Cochise Community Foundation with copies (if available) of any press releases, photographs and published material about the Grant Money and the work it made possible.
- 3. Meeting Requirement. The Grantee may be asked to attend a meeting at the Cochise Community Foundation, to be set at a later date, to discuss your project. Discussions on capacity building in the future and other topics will also take place.
- 4. **Publicity.** You will allow the Cochise Community Foundation (CCF) to review and approve the text, including quotes, of any proposed publicity concerning this grant *prior* to its release. ACF and CCF may include information regarding this grant, including the amount and purpose of the grant, any photographs you may have provided, your logo or trademark, or other information or materials about your organization and its activities, in ACF's periodic public reports, newsletters, news releases or any other printed materials distributed by the

Community Foundation. Please ensure that all publicity (including printed material, press releases and Web sites) states "partial funding provided by the Cochise Community Foundation" If you require an electronic copy of ACF's or CCF's official logo please contact the Marketing/Communications department at the Community Foundation.

- 5. **Retention of Records.** The Grantee shall keep all financial records pertaining to the Project for at least four years and shall make such records available to the Cochise Community Foundation at reasonable times upon the Cochise Community Foundation's request.
- 6. Revocation of Grant Money. The Grantee must return all unexpended grant funds immediately upon request by the Cochise Community Foundation if (1) the Foundation, at its sole discretion, determines that the Grantee has not performed in accordance with this Agreement, or (2) the Grantee loses its exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the) "Code" and is classified as other than a private foundation under Section 509(a) of the Code.
- 7. Grant Does Not Create a Partnership. The Grantee shall not in any manner indicate, nor shall the grant or any documents related thereto be in any manner deemed to create or construed as creating, any kind of partnership, joint venture or other similar relationship between the Cochise Community Foundation and the Grantee or other party. The Cochise Community Foundation shall not be deemed in any manner responsible for the debts, liabilities or other obligations of the Grantee, including any such debts relating to this Project.
- 8. **Amendment.** This Grant Agreement shall not be amended or revised except by a written document signed by the parties hereto.
- 9. Changes or Problems Occurring During Grant Year. Any changes or problems in the Grantee Agency that affects the Project must be reported to the Cochise Community Foundation immediately.

The parties have entered into this Grant Agreement as of the day and year first above written.

Arizona Community Foundation

By:

Steve Seleznow, CEO

The Grantee

y. ------

INTERAGENCY AGREEMENT DETERMINATION

Re: Interagency Agreement to assist the Youth Health Coalition in conducting an all night lock-in in Douglas where youth come stay the whole night and have a variety of activities to participate in to encourage them to find ways to have a fun weekend that does not involve participating in risky behaviors; between Cochise Health & Social Services and the Cochise Community Foundation, Grant Number: 20132162.

The attached agreement, which is an agreement between public agencies, has been reviewed pursuant to A.R.S. §11-952 on behalf of the Cochise County Health Department by the undersigned Deputy County Attorney who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Approved as to form this 23 day of batha, 2012.

EDWARD G. RHEINHEIMER Cochise County Attorney

Terry Bannon

Deputy County Attorney

Regular Board of Supervisors Meeting

Meeting Date:

STD Testing & Treatment Schedule of Fees Jennifer Steiger, Health & Social Services Submitted By:

Department: Health & Social Services

Presentation: PowerPoint Recommendation: Document Signatures: BOS Signature Required

of ORIGINALS Submitted for Signature:

NAME of PRESENTER: Radi Ann Porter, RN TITLE of PRESENTER: Director of Nursing

Federal or State Mandate Mandated Function?:

Docket Number (If applicable):

Information

Source of Mandate or Basis for Support?:

1

ADHS

Agenda Item Text:

Adopt Resolution No. 12-78 to establish a schedule of fees for STD Testing Services provided by Cochise Health & Social Services for testing, education, screening and treatment of clients for sexually transmitted diseases, effective on and after January 1, 2013.

CHSS has received funds from the ADHS for many years to provide screening, laboratory testing, treatment, and follow-up for sexually transmitted diseases (STDs) primarily Gonorrhea. Chiamydia, and Syphilis. Through this contract the CHSS is funded to ensure availability of STD care, treatment and services to our community. In recent years this funding has decreased dramatically while demand for testing has increased. Currently this grant covers approximately 49% of direct cost of services without factoring in staffing costs. There is cash carry forward in this grant in the amount of \$13,977.00 as of July 30, 2012. If demand for services remains at the current level the spend down in this budget will leave \$11,116.00 at the end of this calendar year, and assuming no change in cost or demand for services, this budget will be depleted in 2016. The shortfall for services will be applied to the services will be depleted in 2016. The shortfall for services will be applied to the service will be applied to the services will be depleted in 2016. The shortfall for services will be applied to the service w

This fee proposal is based on prevailing charges in other counties and allows for services to continue to be provided free of charge to individuals under age 19, and those who report inability to pay. The anticipated income from charging for services will subsidize STD services but is not anticipated to return a profit. The implementation of a sliding fee schedule will prevent the provision of STD services from becoming a fiscal burden on the general fund and preserving the cash carry forward into future revenue cycles beyond 2016. The addition of a fee schedule will allow for testing of individuals who do have insurance but do not want to seek testing and treatment in their medical home due to privacy issues, improving the overall health of the citizens of Cochsie County.

See Exhibit A (attached) for the detailed STD Proposed Fee Schedule.

Department's Next Steps (if approved):

Your approvals are respectfully requested.

Impact of NOT Approving/Alternatives:

Not approving this amendment may cause the inability of the Health Department to collect the reimbursement for STD testing services from the ADHS and would cause cessation of this service to the community

To BOS Staff: Document Disposition/Follow-Up:

1 original resolution, with Exhibit A attached, sent to BOS for signature. Please return one fully executed copy for filing purposes.

Budget Information Funds Available: Amount Available Adjustment: Unbudgeted: Funds NOT Available: Account Code(s) for Available Funds Fund Transfers Fiscal Year: 2012-2013 One-time Fixed Costs? (\$\$\$): Ongoing Costs? (\$\$\$): County Match Required? (\$\$\$): A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): 114 Source of Funding?: ADHS Fiscal Impact & Funding Sources (if known): Currently this grant covers approximately 48% of direct cost of services without factoring in staffing costs. There is each carry forward in this grant in the amount of \$13,977.00 as of July 30, 2012. If demand for services remains at the current level the spend down in this budget will leave \$11,116.00 at the end of this calendar year, and assuming no change in cost or demand for services, this budget will be depleted in 2016. The shortfall for services will then shift to general fund dollars or the services will be eliminated. Small grant rate used for subsidy calculation since there are no salaries/ERE's. Grant:ADHS Amount: \$ 2,271 Salaries/ERE's: \$0 Authorized OH: \$0 Small Grant OH @ 5%: \$114 Net County Subsidy: \$114

STD Fee Proposal 11-12

Agenda Number: HLT- STD Testing and Treatment Sliding Fee Proposal

Recommendation:

Adopt Resolution No. 12- to establish a schedule of fees for STD Testing Services provided by Cochise Health & Social Services for testing, education, screening and treatment of clients for sexually transmitted diseases, effective on and after January 1, 2013.

Background (Brief):

CHSS has received funds from the ADHS for many years to provide screening, laboratory testing, treatment, and follow-up for sexually transmitted diseases (STDs) primarily Gonorrhea, Chlamydia, and Syphilis. Through this contract the CCHD is funded to ensure availability of STD care, treatment and services to our community. In recent years this funding has decreased dramatically while demand for testing has increased. Currently this grant covers approximately 48% of direct cost of services without factoring in staffing costs. There is cash carry forward in this grant in the amount of 13,977.00 as of July 30, 2012. If demand for services remains at the current level the spend down in this budget will leave 11,116.00 at the end of this calendar year, and assuming no change in cost or demand for services, this budget will be depleted in 2016. The shortfall for services will then shift to general fund dollars or the services will be eliminated.

This fee proposal is based on prevailing charges in other counties and allows for services to continue to be provided free of charge to individuals under age 19, and those who report inability to pay. The anticipated income from charging for services will subsidize STD services but is not anticipated to return a profit. The implementation of a sliding fee schedule will prevent the provision of STD services from becoming a fiscal burden on the general fund and preserving the cash carry forward into future revenue cycles beyond 2016. The addition of a fee schedule will allow for testing of individuals who do have insurance but do not want to seek testing and treatment in their medical home due to privacy issues, improving the overall health of the citizens of Cochise County.

See Exhibit A (attached) for the detailed STD Proposed Fee Schedule.

Fiscal Impact & Funding Sources: 2012 grant

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	Grant	Amount	Salaries +	Authorized	Small-Grant		
			ERE's	ОН	OH at 5%*	Net Co. Subsidy	
	STD	\$2,271	\$0	\$0	\$114	\$114	

^{*} Small-grant rate used for subsidy calculation since there are no salaries/EREs

Impact of Not Approving:

Not approving this amendment may cause the inability of the Health Department to collect the reimbursement for STD testing services from the ADHS and would cause cessation of this service to the community.

RESOLUTION 12-

ESTABLISHING A SCHEDULE OF FEES FOR SEXUALLY TRANSMITTED DISEASE (STD) TESTING SERVICES PROVIDED BY THE COUNTY

WHEREAS, pursuant to A.R.S. § 11-251.08, Cochise Health & Social Services has recommended to the Board of Supervisors that it establish a schedule for reimbursement for County services which shall not exceed the actual costs for the services provided by the County; and

WHEREAS, the cost to provide STD testing services has increased it is now necessary to adopt a schedule of fees for these services to reflect the current actual cost of providing STD testing services as specified in the accompanying Exhibit A; and

WHEREAS, the testing fees listed herein do not exceed the actual and reasonable costs of providing these services and are necessary in order for the County to continue to provide the same level of STD testing services; and

WHEREAS, this matter has been noticed for public hearing on October 24, 2012, as required by A.R.S. § 11-251.08, and following this hearing the Cochise County Board of Supervisors has determined that these proposed revisions to the STD testing fees are necessary and appropriate,

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors adopts the following schedule of fees (as set forth in Exhibit A) for STD testing services provided by the County, under provisions of A.R.S. § 36-187 and A.R.S. § 11-251.08 to be in effect on and after January 1, 2013.

RESOLUTION 12-	
Re: Establishing A Schedule (Provided By The County	Of Fees For Std Testing Services
Page 2	
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	DLVED that any and all prior fee services are hereby rescinded effective
APPROVED AND ADOPT. November, 2012.	ED in Formal Session this 27 th day of
Dighard D. Sagrla Chairman	
Richard R. Searle, Chairman Board of Supervisors	
Dourd of Dapor visors	
ATTEST:	APPROVED AS TO FORM:
Katie Howard	Terry Bangon
Clerk of the Board	Civil Deputy County Attorney

Exhibit A

STD Testing Proposed Fee Schedule

Test	Proposed Fee	Current Fee
STD Screening (includes testing for Gonorrhea, Chlamydia, Syphilis and HIV)	\$40	\$0
HIV (Screen Only)	\$20	\$0
Medication	\$10 - \$30	\$0
1 st request Emergency Contraception	\$15	\$0
2 nd request Emergency Contraception	\$30	\$0
3 rd request Emergency Contraception	\$60	\$0

^{*} Minors (age 19 and under) will remain 100% Free.

Tiered payment structure to work in conjunction with the fee schedule. This will allow clients, close to or below the Federal Poverty line, to still receive treatment and testing services through Cochise County, NCHS.

- <u>Tier I Client will have the ability to pay the full testing/medication fees (with or without insurance).</u>
- Tier II Client will report an inability to pay full testing medication fees. Program staff will then ask the client to pay a reduced amount.
- <u>Tier III</u> Client will report that they are unable to pay any fees. Program staff will verify income information of the client and determine if client meets the current 100% Federal Poverty Guidelines.(see table below)

2012 Federal Poverty Guidelines				
Monthly Income		Annual Income		
Size of Family	100%	Size of Family	100%	
1	\$ 931	1	\$ 11,170	
2	\$ 1,261	2	\$ 15,130	
3	\$ 1,591	3	\$ 19,090	
4	\$ 1,921	4	\$ 23,050	
5	\$ 2,251	5	\$ 27,010	
6	\$ 2,581	6	\$ 30,970	
7	\$ 2,911	7	\$ 34,930	
8	\$ 3,241	8	\$ 38,890	
For each Additional person add:	\$ 330.00	For each additional person add:	\$3,960.00	

PUBLIC NOTICE

Pursuant to A.R.S. §11-251.08, the general public is hereby notified that the Cochise County Board of Supervisors will hold a public hearing on November 27, 2012 at 10:00 A.M. to consider increases in the Cochise County STD Program's Testing fees. This fee increase would be effective January 1, 2013.

This hearing will be held at the Cochise County Board of Supervisors Hearing Room, 1415 Melody Lane, Building G, Bisbee, Arizona 85603. This building is accessible by handicapped individuals.

Information is available with the Clerk of the Board by calling (520) 432-9200 or by mail, Attention: Katie A. Howard, Clerk of the Board, Cochise County Board of Supervisors, 1415 Melody Lane, Building G, Bisbee, Arizona 85603 or via email at khoward@cochise.az.gov.

Dated this 24^{th &} 31st day of October, 2012 Katie A. Howard, Clerk of the Board

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Dated this 24th day of October, 2012 Katie A. Howard, Clerk of the Board

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